

TYPE JC-223 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/910093	
	Filing Date	07/20/2001	
	First Named Inventor	Mehryār Mchri	
	Group Art Unit		
	Examiner Name	2641	
Total Number of Pages in this Submission	110	Attorney Docket Number	2001-0226

Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Declaration For Utility Or Design Patent Application </div>		
Remarks		

CORRESPONDENCE ADDRESS

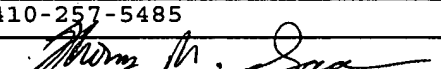
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 or ☒ Correspondence address below

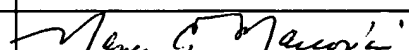
NAME	Samuel H. Dworetzky		
ADDRESS	AT&T CORP. P.O. Box 4110		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America	ZIP CODE	07748-4110
		FAX	732-368-6932

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Thomas M. Isaacson	Reg. #	44166
TELEPHONE	410-257-5485		
SIGNATURE		DATE	9/20/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9-28-01

Type or Printed Name	Nancy C. Marcovici		
Signature		Date	9-28-01

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

Complete Known

Applicati n Number 09/910093
 Filing Date 07/20/2001
 First Named Inv ntor Mehryar Mohri
 Examiner Name
 Group/Art Unit 2641
 Attorney Docket No. 2001-0226

TOTAL AMOUNT
OF PAYMENT \$170

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	320	Design Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) 0

2. CLAIMS

☐ Filing Under 37CFR 1.53 (b)
☐ CPA Under 37CFR 1.53 (d)
☐ Amendment

	Extra Claims	Fee from below	Fee Paid
Total - 20=	0	18	0
Ind. - 3=	0	80	0
Multiple Dependent Claims			0

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	80	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 0

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	130
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1390	Extension for reply within fourth month	
128	1890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1240	Petition to revive - unintentional	
142	1240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	40
146	710	Filing a submission after final rejection(37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) 170

SUBMITTED BY

Typed or Printed Name Thomas M. Isaacson

Complete (if applicable)

Reg. Number 44166

Signature

Thomas M. Isaacson

Date

9/27/01

Deposit Account User ID



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant(s): Mehryar Mohri
Attorney Docket No.: 2001-0226
Application No.: 09/910093
Filing Date: 07/20/2001
Examiner Name:
Group Art Unit: 2641
Title: System And Method Of Epsilon Removal Of Weighted Automata And Transducers

COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231
Box: Missing Parts

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

Enclosed is the Declaration and Power of Attorney relating to the above-identified application.

Please charge **AT&T Corp. Deposit Account No. 01-2745** in the amount of \$130.00 to cover the filing fee surcharge. A duplicate copy of this letter is enclosed. In the event of any non-payment or improper payment of a required fee, the Assistant Commissioner is authorized to charge or to credit **AT&T Corp. Deposit Account No. 01-2745** as required to correct the error.

A copy of PTO-1533, Notice to File Missing Parts of Application, is also enclosed.

Date:

9/27/01

By:

Thomas M. Isaacson

Thomas M. Isaacson

Attorney for Applicant(s)

Reg. No.: 44166

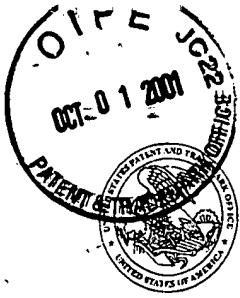
T: 410-257-5485

F: 732-368-6932

AT&T CORP.

P.O. Box 4110

Middletown, New Jersey 07748-4110



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/910,093	07/20/2001	Mehryar Mohri	2001-0226

CONFIRMATION NO. 2374

FORMALITIES LETTER



OC000000006506172

Samuel H. Dworetsky
AT&T CORP.
P.O. Box 4110
Middletown, NJ 07748-4110

Date Mailed: 09/04/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

A copy of this notice MUST be returned with the reply.

KSAYSON
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

10/03/2001 JAD001 00000074 012745 09910093
01 FT:105 130.00 CH